

**North Carolina Mental Health Planning and Advisory Council**  
**Royster Building, Room 210, Dix Campus**  
**May 4, 2007**  
**10:00 a.m. – 3:00 p.m.**  
**Meeting Minutes**

**Members Present:** Jeff McLoud, Sheila Wall-Hill, Dan Fox, Diann Irwin, Loretta King, Vendia Currie, Stan Oathout, Emily Moore, Mary Edwards, Laura White, Mary Rea Todd, Martin Pharr, Ph.D., and Ed Seavey joined the meeting by phone. **Others:** Martha Brock, Karen Stallings, Gail Cormier, Antonio Coor, Eric Zechman, Kelly Crowley, Bob Kurtz, Ph.D., Kent Earnhardt, Chris Wassmuth, and Rhoda Miller. **Staff to Council:** Susan Robinson and Lisa Jackson.

**Call to Order/Introductions/Approval of Minutes**

Jeff McLoud, Chair of the Council, called the meeting to order and welcomed everyone. A quorum was not present today and so Council minutes from the March meeting could not be approved.

**Workshop Report**

**Mary Edwards**, serving as the Division of Aging and Adult Services representative on the Council, attended a workshop in April in Bethesda, Maryland, entitled, *Making the Mental Health System Work for Older Adults with Mental Illness*; this workshop was hosted by the Substance Abuse and Mental Health Service Administration's Center for Mental Health Services State Planning and Systems Development Branch.

Mary provided the Council with a summarized report and handout from the workshop. As Baby Boomers age, they will increasingly make up a greater portion of our population; currently, individuals age 65 and over, make up about 12% of our population; by the year 2030, they will make up approximately 17.7% of our population. Older adults "fall through cracks in the system" and lack appropriate services. Mental illness is often not recognized in older adults and is undiagnosed or under-treated—if treated at all. Of those individuals age 65 and over, 12.7% have a mental illness. A survey among primary care physicians revealed that only 8 out of 50 ranked treatment of the elderly as a priority for them.

One treatment model that has been proven to be effective is the IMPACT treatment model, which involves collaborative care between the elderly person's primary care physician and a Depression Care Specialist. The individual is seen by the primary care physician and then referred to the Depression Care Specialist who is on site. The individual sees the Depression Care Specialist for five to six weeks of problem solving therapy and patient education (very effective Evidence Based Practice model for older adults who have depression).

**Presentations**

Presentations in today's meeting focused on Mental Health Block Grant Criterion II. Data Epidemiology and Criterion III. Children's Services.

**Antonio Coor**, from the Division's Justice Systems Innovations Team, presented on reducing mental health consumer involvement in the juvenile justice system via his overview of the MAJORS (Managing Access for Juvenile Offender Resources and Services) Program. MAJORS is a joint initiative between the Division of Mental Health/Developmental Disabilities/Substance Abuse Services and the Department of Juvenile Justice and Delinquency Prevention; MAJORS is an innovative model of community substance abuse treatment, transitional care and service coordination for adjudicated delinquent youth (MAJORS only serves those youth who have actually been adjudicated). There is a need for more MAJORS programs in the western region of the State; there has been a lack of providers in that area. The screening tool for the MAJORS program involves a 19 item questionnaire that is completed by the child. This tool is monitored by the court counselor and referrals for the MAJORS program come through juvenile court. Parents have the ultimate authority to determine if their child receives services through the MAJORS

program. Funds are blended to cover the cost of MAJORS services; typically, there is an average of 3 service hours per week; state dollars can be used to help supplement the Medicaid funding. Currently 411 youth are being served in MAJORS programs statewide and about 85% of these are dually diagnosed (some may be diagnosed MR/MI as well as MI/SA).

Locally, the court system and Local Management Entity staff are approached first to determine their interest in starting a MAJORS program. Martin Pharr indicated that the goal would be to expand MAJORS to all 39 judicial districts. Martin went on to discuss House Bill 492 that is pending review in committee this session. In North Carolina, since 1919, youth who are 16 years old have been charged as adults. If passed, this bill would allow youth to access treatment services without being charged/incarcerated without treatment. In addition to North Carolina, New York and Connecticut are 2 states which still charge 16-year-olds as adults.

Council members asked for additional information on definitions for adjudicated juveniles, the level of offenses which are divertible, and diversion reports/plans.

**Bob Kurtz, Ph.D.**, also from the Justice Systems Innovations Team, presented on reducing mental health consumer involvement in the Justice System (e.g., jail diversion, etc.). Chris Wassmuth, CIT (Crisis Intervention Team) Coordinator for Wake County Human Services also attended as Bob's guest. The Crisis Intervention Team model was developed in Memphis in 1987 and is a first responder model. This is a pre-booking jail diversion model in that it seeks to divert the individual before charges are pressed. Persons with mental illness in crisis are diverted to a crisis center rather than being taken to jail. Approximately 15-20% of police officers are trained in CIT; officers who receive the CIT training are able to turn over custody of individuals whom they transport. This is a big incentive for them as compared to waiting hours or even overnight at a hospital emergency room to have someone in crisis assessed. Surrounding counties that have had the CIT training include Durham, Pitt, Vance and Forsythe. Certification for this training is available at Wake Technical Community College. Certification can be provided free of charge if the training is provided through a community college program with a developed certification program. The CIT model has been found to reduce injury rates for consumers and officers and also promotes good will between community partners. Police officers make up the Crisis Intervention Team; they don't do specialized triage evaluation but individuals in crisis are taken to the crisis center for that; crisis center staff build relationships by riding with the police officers on calls. Wake County has a 24-hour crisis program in Raleigh in Wake County Human Services. Staff members at the crisis center make referrals to appropriate settings. If someone needs hospitalization, a bed will be found for them somewhere in the state.

### **Committee Meeting Reports**

#### **Adult Committee:**

Stan Oathout chaired the Adult Committee in Tisha's absence today.

In response to a request to provide feedback to the Division's Quality Management Team for the NC-TOPPS (North Carolina Treatment Outcomes and Program Performance System) interview tools, the Adult Committee reviewed pertinent questions in both the initial interview document and the update interview document. Questions #48 and #49 were reviewed in the Initial Interview document and questions #37 and #39 in the Update Interview document. A detailed summary of the Committee's responses and the specific questions being reviewed are compiled in a separate document and accompany these minutes. In general, the Adult Committee felt the terminology used in some of the questions should be reworded to make the questions more consumer-friendly and less "lawyer-like." There was concern that data may be skewed if there is not a way to track individuals who drop out of services and may result in not getting a true picture of service effectiveness. The Committee also recommended that consistent wording be used when similar questions are asked.

Other Committee updates: Mary Recca Todd from the NC Housing Finance Agency told the Committee that the Supportive Housing 400 recommendations would go to their Board next week. The Agency has fully allocated the \$10.65 million and has used it to create 125 units with services. There is a new appropriation process which will create renewal of this program. Construction is slated to begin this summer on the housing units.

#### **Child and Family Committee:**

Kelly Jones, Chair, was not able to be present, but asked Sheila Wall Hill to chair the committee meeting who graciously agreed to do so.

Members were asked if there were any responses or additional questions, comments, recommendations from the morning discussion regarding juvenile justice. There were no additional comments or questions that had not been covered during the morning.

Members were asked to review the NCTOPPS for recommendations in response to a request to provide feedback to the Division's Quality Management Team for the NCTOPPS (North Carolina Treatment Outcomes and Program Performance System) interview tools, the Child and Family Committee reviewed the annual reports and questions in both the initial and the update interview forms. To complete this task, members were provided with copies of the NC MHBG Plan Outcomes Indicators, NCTOPPS the 2006 annual reports for children ages 6-11 yrs and 12-17 yrs and the NCTOPPS initial/update forms for both age groups.

The Quality Management Team indicated that only minor changes can be made this year for July 1, 2007 implementation. More in depth changes could be done for next SFY 09. The following questions were considered as members discussed suggestions for changes or clarifications in collecting and reporting the data.

- What does the data reported from the NCTOPPS tell us about the children/youth served?
- Based on the data report, what questions do we have about the data reported, results, additional look at the data?
- How can we use this data in the Block Grant Plan?

This information will be compiled and provided to the Quality Management Team within the Division and will also be included in the SFY 2008 Plan and SFY 2007 Report.

Sheila closed the committee meeting by thanking the group for their hard work. Information was shared with members that can be shared with their circles of influence outside regarding uninsured children's legislation proposed in NC.

#### **Identification and Use of Funds for Council Projects/Training**

Jeff discussed with the Council the approval by the Division to provide the Council with \$1000 to spend during the next SFY which runs July 1, 2007-June 30, 2008. This is non-service money and the Division would need to have final approval of projects/ plans before funds are actually expended. Council members discussed various options including: conferences, trainings, having staff from the National Association of Mental Health Planning and Advisory Councils come down and do training, or get input from family and consumers around the State and compile this information to be included in the next Community Mental Health Services Block Grant Plan. There was discussion about having a website to which people could go and complete a questionnaire, such as through Survey Monkey. The Council could design the questionnaire and then place it on the website. Focus groups could be done and this could be advertised through the CFACs; focus groups would reach a broader audience. One idea is to have volunteers from the Council go out to the groups to get input to bring back to the Council. This would involve travel costs. The Division's Advocacy and Customer Services Team may be able to help

advertise. Jeff will speak with Bonnie Morell, Team Leader of the Best Practice Team, about these ideas and then will email the Council members.

### **Council Member Updates:**

An opportunity was given for Council member updates:

Stan Oathout informed the Council about Coalition 2001's "Advocacy Day Rally" which will be held on May 15, 2007 at the Legislative Building.

Dan Fox discussed the Medicaid Infrastructure Grant (MIG) that VR holds which has as one of its key elements, a Medicaid Buy-In component. With Medicaid Buy-In, people with disabilities can continue to work and "buy-in" to get their own Medicaid coverage. Dan serves on the MIG Advisory Council; he said that implementation of the Buy-In may be delayed now until 2009 due to a budget shortfall and also DMA would not have the new Medicaid Management Information System up and running to process claims until 2009. The Division of Vocational Rehabilitation Services is planning to apply for a second continuation type grant to keep the initial project going. Dan asked the Council if they would be interested in writing a letter of support for this effort if needed. The Council agreed by acclamation to write the letter via a drafting of such by the Executive Committee.

Emily Moore asked that it be included in the minutes that better arrangements should be made for persons who have to travel to Raleigh for Council meetings.

Division updates: The Division's draft 3-year strategic plan is now posted on the website for public comment (for the next 3 weeks). Jeff asked Council members to send any comments or input to him, Susan, or Lisa and these will be forwarded to Rebecca Carina, the Planning Team Leader in the Operations Support Section.

### **Wrap-Up**

Jeff thanked everyone for their attendance, mileage reimbursement forms were completed, and Jeff adjourned the meeting.

Note: Council members in attendance did receive bound copies of the North Carolina FY 2007 Community Mental Health Services Block Grant Plan and the FY 2006 Community Mental Health Services Block Grant Implementation Report. Copies of same will be mailed to those members not in attendance today.